

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-06

2. STATE
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$0

b. FFY 04 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6A, Page 1
Supplement 1 to Attachment 2.6A, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Supplement 1 to Attachment 2.6A, Page 1
Supplement 1 to Attachment 2.6A, Page 6

10. SUBJECT OF AMENDMENT:

Federal Poverty Guideline based income eligibility standards

Alaska (03-06)
approved: 07/11/03
effective: 04/01/03

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

John Gaisford

13. TYPED NAME: John Gaisford

14. TITLE: Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance
PO Box 110660
Juneau, AK 99811-0660

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
MAY 27 2003

18. DATE APPROVED: JUL 11 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APR - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Rene S. O'Connor

22. TITLE:
**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

5/22
Juneau

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

	Family Size	Need Standard	1996 Payment Standard	Maximum Payment Amounts
a. AI	2	\$ 914	\$ 821	\$ 821
	3	1,028	923	923
	4	1,142	1025	1025
	5	1,256	1127	1127
	each additional	114	102	102
b. ANI	1	\$ 503	\$ 452	\$ 452
	2	617	554	554
	3	731	656	656
	04	845	758	758
	each additional	114	102	102
c. UP/INCAP	2	\$ 914	\$ 821	\$ 821
Parent	3	1028	923	923
	4	1142	1025	1025
	5	1256	1127	1127
	each additional	114	102	102
d. Single Adult		\$ 573	\$ 514	\$ 514

2. Pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act:

Federal Poverty Guidelines For Pregnant Women and Infants 185%	
Effective beginning 4/1/2003	
Family Size	Income Level
1	\$ 1,729
2	2,335
3	2,940
4	3,586
5	4,152

INCOME ELIGIBILITY LEVELS (Continued)

**C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO
FEDERAL POVERTY GUIDELINE**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989: ____ 85 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1990: ____ 90 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels

Federal Poverty Guidelines for QMB	
100%	
Effective beginning 4/1/2003	
Family Size	Income Level
1	\$ 935
2	\$1,262